## **Student Commute Survey**

	dent Name:				Telephone No: Date:_				
<b>A.</b> Information on Student Commute Modes. Please check ☑ how you commuted <u>TO</u> school for the week of to Only count one commute trip for each day. If you take more than one commute mode on a particular day, check the commute mode taken for the longest distance during your commute to work.									
	Commute Mode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total # of Trips
	Drive Alone								•
	Carpool*								
	Vanpool **								
	Boat/Ferry								
	Public Transit								
	Bicycle								
	Walk								
	Other ***								
	Off Campus****								
В.	day off, transportation by motorcycle, etc. **** includes vacation, sick, jury duty, off-site meeting, etc.  Student Information. Please provide the following information. Check ☑ if "yes". Do you:  □ Attend school full-time and do not live on campus?  □ Begin and complete your classes between the hours of 6 a.m. and 8 p.m.?  Scheduled to begin classes at: Scheduled to end classes at:  □ Use your vehicle for carrying out class assignments less than five times a month?  Commute Background Information. Please provide the following information about your commute to school:								
	Why have you chosen your commute method?								
	2. Are you interested in (check if "yes"): carpooling □ vanpooling □ bicycling □ public transit □ walking to school □ other								
	<ol> <li>What improvements would you like to see in public transit that would encourage you to take public transit daily (e.g. improved transit schedules, pick-up or drop-off locations)?</li> <li>What can this facility do to encourage you to take alternatives forms of transportation (e.g. carpooling, vanpooling, bicycling, etc.)?</li> <li>What city/town do you commute from?</li> </ol>								